DIAGNOSTIC IMAGING *of* SALEM

1165 Union St NE #100, Salem, OR 97301
www.diagnosticimagingofsalem.com

Exam Date/Time: ______________________

FAST FAX FORM • Fax to: 503-391-1200 or Call: 503-588-2674

Patient Name: ______________________ D.O.B.: __________ ☐ M ☐ F

Phone 1: ______________________ Phone 2: ______________________

Ins. Co.: ______________________ Auth. #: ______________________

Ins. I.D. #: ______________________ D.O.I.: ______________________

Patient's Follow-up Appointment: ______________________

PROVIDER INFORMATION

Requesting Provider: ______________________ Call Report (phone #): ______________________

Provider's Phone: ______________________ Fax Report (fax #): ______________________

Cc to: ______________________

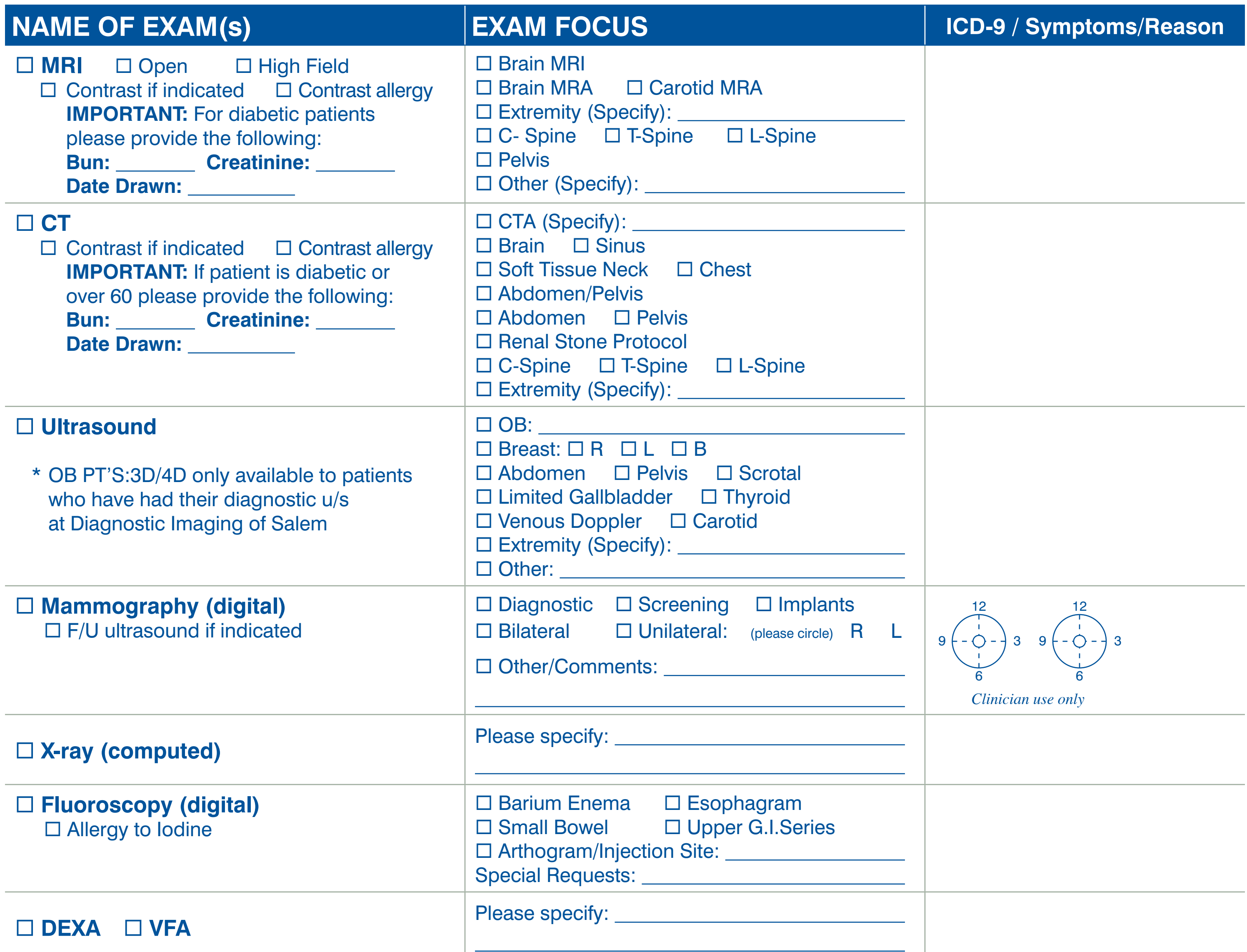
Prior Films & Reports: ☐ Yes ☐ No Location of prior films: ______________________

____
Provider Signature

SPECIAL REQUESTS

EXAM URGENCY: ☐ STAT ☐ 24-48 hrs. ☐ Patient Convenience

EXAM OUTPUT: Give Patient: ☐ Film ☐ CD Mail: ☐ Film ☐ CD Courier: ☐ Film ☐ CD



NAME OF EXAM(s)	EXAM FOCUS	ICD-9 / Symptoms/Reason
☐ **MRI** ☐ Open ☐ High Field ☐ Contrast if indicated ☐ Contrast allergy **IMPORTANT:** For diabetic patients please provide the following: **Bun:** ______ **Creatinine:** ______ **Date Drawn:** ________	☐ Brain MRI ☐ Brain MRA ☐ Carotid MRA ☐ Extremity (Specify): ______________ ☐ C- Spine ☐ T-Spine ☐ L-Spine ☐ Pelvis ☐ Other (Specify): ______________	
☐ **CT** ☐ Contrast if indicated ☐ Contrast allergy **IMPORTANT:** If patient is diabetic or over 60 please provide the following: **Bun:** ______ **Creatinine:** ______ **Date Drawn:** ________	☐ CTA (Specify): ______________ ☐ Brain ☐ Sinus ☐ Soft Tissue Neck ☐ Chest ☐ Abdomen/Pelvis ☐ Abdomen ☐ Pelvis ☐ Renal Stone Protocol ☐ C-Spine ☐ T-Spine ☐ L-Spine ☐ Extremity (Specify): ______________	
☐ **Ultrasound** * OB PT'S:3D/4D only available to patients who have had their diagnostic u/s at Diagnostic Imaging of Salem	☐ OB: ______________ ☐ Breast: ☐ R ☐ L ☐ B ☐ Abdomen ☐ Pelvis ☐ Scrotal ☐ Limited Gallbladder ☐ Thyroid ☐ Venous Doppler ☐ Carotid ☐ Extremity (Specify): ______________ ☐ Other: ______________	
☐ **Mammography (digital)** ☐ F/U ultrasound if indicated	☐ Diagnostic ☐ Screening ☐ Implants ☐ Bilateral ☐ Unilateral: (please circle) R L ☐ Other/Comments: ______________ ______________	12 / 9 3 / 6 12 / 9 3 / 6 *Clinician use only*
☐ **X-ray (computed)**	Please specify: ______________ ______________	
☐ **Fluoroscopy (digital)** ☐ Allergy to Iodine	☐ Barium Enema ☐ Esophagram ☐ Small Bowel ☐ Upper G.I.Series ☐ Arthogram/Injection Site: ______________ Special Requests: ______________	
☐ **DEXA** ☐ **VFA**	Please specify: ______________ ______________	

MAP & PATIENT PREPARATIONS: CONTINUED ON BACK

PATIENT PREPARATION

Please follow carefully. Arrive 15 minutes prior to exam.
Bring insurance card and this order to the exam.

☐ **MRI/MRA**
No special preparation is needed regarding diet or medication. Wear comfortable clothing with no metal such as zippers, metal buttons, or snaps. Please remove jewelry. If you have any of the following: Pacemaker, Ear implants, Surgical staples, Metal pins, Neuro-stimulator, Aneurysm clip(s), Implanted drug infusion device, or worked as welder or grinder or metal, check with your physician or MRI technologist prior to your exam.

☐ **CT:** The patient should not eat or drink for 3 hours prior to arriving for your exam. Please wear comfortable clothes and remove jewelry in the area of interest.

☐ **ULTRASOUND**
- ☐ **Abdomen, Aorta:** Nothing by mouth for 8 hours prior to the exam.
- ☐ **Pelvis (Uterus, Adnexae and Ovaries), Kidney (Renal), & Obstetrical (OB):** 32 oz. of water finished 1/2 hour prior to exam. NO VOIDING until exam is over.
- ☐ **All others:** No preparation needed.

☐ **MAMMOGRAM (digital)**: Do not wear powder, deodorant, lotion, or body oil. (Provided after exam.)

☐ **X-RAY (computed)**: No special preparation is needed.

☐ **FLUOROSCOPY**
- ☐ **Upper GI/Small Bowel Series/Esophogram:** Nothing to eat or drink after 10pm the evening prior to the exam. Refrain from chewing gum or smoking until the exam is completed. Note: Small Bowel Series may take several hours. Average exam time is one and one-half hours.
- ☐ **Barium Enema:** Prep kit required. Patient to pick up at Diagnostic Imaging of Salem at least three days prior to exam. Average exam time is 45 minutes.

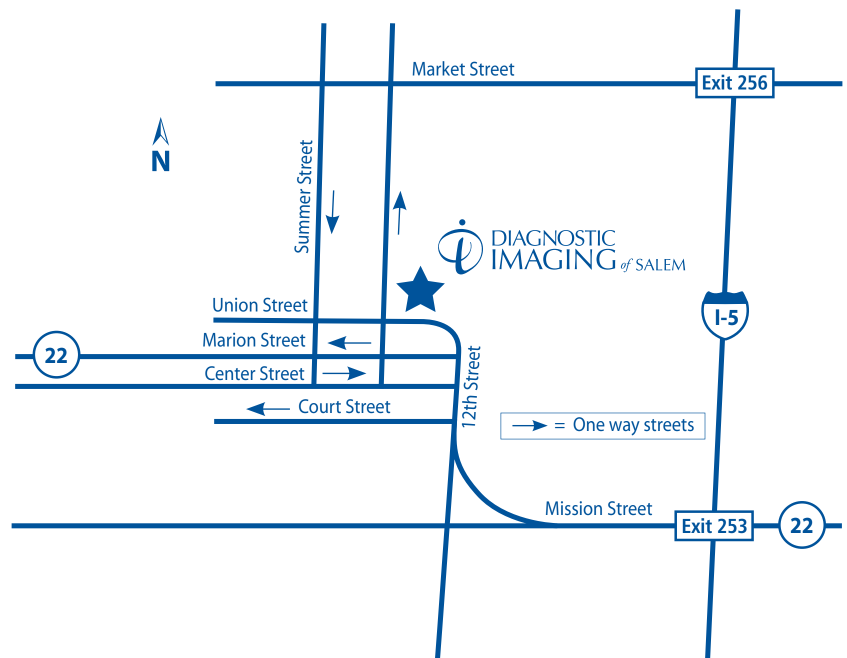
☐ **DEXA (Bone Densitometry) or VFA (Vertebral Fracture Assessment)**
Do not take any calcium supplements or TUMS on the day of the exam. No oral or IV contrast done in past 7 days.

Directions

I-5 from South
- Market St. exit #256
- Right on Market to Summer St. (Stoplight)
- Left on Center St. NE
- Left on 12th (becomes Union St. NE)
- Right into parking lot after the curve

I-5 from North
- Hwy 22E/Detroit Lake exit #253
- Left on Hwy 22/Mission St.
- Follow sign to 12th St./State Offices
- 12th St. becomes Union St. after Safeway
- Right into parking lot after the curve

Hwy 22W/West Salem
- Stay on Center St. as you come over bridge
- Left turn on 12th St. (just past McDonalds)
- 12th becomes Union St.
- Right into parking lot after the curve



For online registration, directions, or more information regarding our radiologists, staff, and services, please visit our website, www.diagnosticimagingofsalem.com

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